

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5974AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/03/2011
NAME OF PROVIDER OR SUPPLIER SERENITY SENIOR CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3645 RIO POCO RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 11/30/10 to 2/3/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed.</p> <p>Complaint #NV00026949 was initiated on 11/30/10 through observation, interviews, and record review.</p> <p>The allegation regarding improper storage of medications was substantiated with deficiencies. See Tag Y0920. Additional deficiencies were identified during the investigation. See Tag Y0791.</p> <p>The allegation regarding poor quality of care and treatment was substantiated with deficiencies. See Tag Y0860.</p>	Y 000			
Y 791 SS=F	<p>449.2726(3)(b) Diabetes</p> <p>NAC 449.2726</p> <p>3. The caregivers employed by a residential</p>	Y 791			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 791	Continued From page 1 facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place. This Regulation is not met as evidenced by: Based on observation and interview from 11/30/10 to 2/3/11, the facility failed to ensure all caregivers, and 5 of 5 residents were protected by disposing sharps in an appropriate sharps container and storing the container in a secure place (Resident # 2's blood glucose lancets were put into a plastic bottled water container and left unsecured on a nightstand in the resident's bedroom). Severity: 2 Scope: 3	Y 791			
Y 860 SS=E	449.274(6)(a) Medical Care NAC 449.274 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. This Regulation is not met as evidenced by: Based on interview and record review from 11/30/10 to 2/3/11, the facility failed to provide personal care needs as documented in Activities of Daily Living (ADL) assessment form for 2 of 2 discharged residents (Resident #6 and #7).	Y 860			

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Y 860	Continued From page 2	Y 860			
	Severity: 2 Scope: 2				
Y 920 SS=F	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748</p> <p>1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation from 11/30/10 to 2/3/11, the facility failed to ensure that medications belonging to 1 of 5 current residents were stored in a locked area (Resident #2 - Budesonide Inhalation Suspension (vials), 0.5 mg) was left in bedside table; and failed to ensure as-needed medications were not left at the bedside for 2 of 2</p>	Y 920			

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Y 920	Continued From page 3 discharged residents (Resident #6 and #7). Severity: 2 Scope: 3	Y 920			

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